

West Virginia Aged and Disabled Waiver Program PERSONAL ATTENDANT LOG

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|---|--|--|
| ADW Participant's First and Last Name: _____ RN/RC Signature: _____ Date: _____ RN Time In: _____ RN Time Out: _____ Hours/Day: _____ Days/Week: _____ | PA Agency or Personal Options: Plan Period: _____ Service Level/Hours: _____ Change in hours, days or activities? YES or NO | <u>PAL UPDATE</u> Date Updated by RN/RC: _____ CM/RC Receipt Date: _____ CM/RC Initials: _____ Service Time In: _____ Service Time Out: _____ |
|---|--|--|

| Month/Year:.....Date: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Time Arrived: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time Left: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PA Initial (1 staff per recipient): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participant's Initial: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF SERVICES – RN or RC Describe activities, circle type of assist, list days of week. PA – Initial on day activity provided.

| Describe Activities | DAYS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
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| S= Supervised; P = Partial; T =Total Bath: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin Care: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hair: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nails: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mouth Care: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dressing: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulation: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transfer: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting: S P T | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Positioning: Turn every __ hours Up in chair | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Prompt: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meals: Diet/Special Directions: B L D Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Laundry: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vacuum/sweep: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

